PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 1997 09/170, 724												
CLAIMS AS FILED - PART I (Column 1) (Column 2)							•	SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
FOR NUMBER FILED				NUMBER EXTRA		RA	TE	FEE		RATE	FEE	
BASIC FEE							ÿ	•	395.00	OR		790.00
TOTAL CLAIMS JJ minus				20 = *			x \$	1=		OR	x\$22=	88
INDEPENDENT CLAIMS I I minus					s 3 = * /			1=		OR	x82=	82
MULTIPLE DEPENDENT CLAIM PRESENT								35=		OR	+270=	-
* If the difference in column 1 is less than zero, enter "0" in column 2							то	TAL		OR	TOTAL	960
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							Si	SMALL ENTITY			OTHER THAN SMALL ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT	rain groups	PRE	GHEST JMBER VIOUSLY ID FOR	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	x\$*	1=		OR	x\$22=	
	Independent	*	Minus	***		=	х4	1=		OR	x82=	
$\mathbb{L}^{\!$	FIRST PRESENTATION OF MULTIPLE I			DEPENDENT CLAIM		+13	35=		OR	+270=		
(Column 1) (Column 2) (Column 3)								TOTAL ADDIT. FEE			TOTAL ADDIT. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIC NL PRE	GHEST JMBER VIOUSLY ID FOR	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	x\$	11=		OR	x\$22=	
	Independent	*	Minus	***		=	x4	1=		OR	x82=	
₹	FIRST PRESENTATION OF MULTIPLE DE				NDENT CL	AIM	+13	 35=		OR	+270=	
(Column 1) (Column 2) (Column 3)								OTAL FEE		OR	TOTAL ADDIT. FEE	
AMENDMENT C		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		HIC NL PRE	GHEST JMBER VIOUSLY ID FOR	PRESENT EXTRA	RA		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	x \$	11=		OR	x\$22=	
MEN	Independent	*	Minus	***		=	x4	1=	-	OR	x82=	
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +135=									OR	+270=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
TI	the "Highest Nu he "Highest Num	mber Previously Pa ber Previously Pai	ud For" IN TH!: d For" (Total or	S SPACI r Indepei	⊏ is less than ndent) is the	s, enter "3." highest number fo						

Application or Docket Number